LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR ENGINEERS JOINT WELFARE FUND [15-0582931]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Daniel P. Harrigan, Administrator Engineers Joint Welfare Fund 101 Intrepid Lane P.O. Box 100 Colvin Station Syracuse, New York 13205 Telephone: (315) 492-1796

RESOLUTION

WHEREAS, the Engineers Joint Welfare Fund is an independent functioning Taft-Hartley ERISA Welfare Fund; and

WHEREAS, the Engineers Joint Welfare Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC; and

WHEREAS, the Engineers Joint Welfare Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Engineers Joint Welfare Fund hereby authorize Daniel P. Harrigan, Fund Administrator of the Engineers Joint Welfare Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ENGINEERS JOINT WELFARE FUND

Dated: 2-20-69	By: Thomas E. Charles	
Dated: 2-20-09	Thomas E. Charles, Union Trustee	
Dated: $2 - 20 - 69$	By: Theron H. Hogle, Union Trustee	
Dated: 2/20/2009	By: Paul O. M. Collins Vision Trustee	
	Paul B. McCollum, Union Trustee	

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Dated: 2/20/09	By:	Lain M. Mu
Dated: 2/20/09	By:	Daniel J. McGraw, Union Trustee Robert Jones, Union Trustee
Dated: 2/20/09	Ву:	Rockhe Burns, Employer, Trustee
Dated: 2-20-09	By:	Earl M. Hall, Employer Trustee
Dated: 2-20-09	Ву:	Robert Hill Employer Trustee
Dated: 2/30/09	Ву:	James Logan Employer Trustee
Dated: 2/20/09	By:	Eugene D. Hillock, III, Employer Trustee

klc/madoff/EJwFSIPCResolution2

RESOLUTION

WHEREAS, the Engineers Joint Welfare Fund is an independent functioning Taft-Hartley ERISA Welfare Fund; and

WHEREAS, the Engineers Joint Welfare Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC; and

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THEREFORE, it is resolved that the Trustees of the Engineers Joint Welfare Fund hereby authorize Daniel P. Harrigan, Fund Administrator of the Engineers Joint Welfare Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

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ENGINEERS JOINT WELFARE FUND

Dated: 2-20-69	By: Thomas E. Charles	
	Thomas E. Charles, Union Trustee	
Dated: 2-20-09	By: Then H. Affile	
	Theron H. Hogle, Union Trustee	
Dated: 2/20/2009	By: Faul O. M. Collins	
	Paul B. McCollum, Union Trustee	

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Dated: 2/20/09	By: Laiy M. Mu	
Dated: 2/20/09	Daniel J. McGraw, Union Trustee By:	
Dated: 2/20/09	Robott Jones, Union Trustee By: Rockee June	
Dated: <u>2-20-09</u>	By: Earl M. Hall, Employer Trustee	
Dated: 2-20-09	By: Robert Hill, Employer Trustee	
Dated: 2/30/09	By: James Logan Employer Trustee	
Dated: 2/20/09	By: Eugene D. Hallock, III, Employer Trustee	

klc/madoff/EJwFSIPCResolution2

ENGINEERS JOINT WELFARE FUND EIN NO. 15-0582931

UNION TRUSTEES

Thomas E. Charles c/o IUOE Local 832 P.O. Box 93310 Rochester, New York 14692 Telephone: (585) 272-9890

Theron Hogle c/o IUOE Local 545 127 East Glen Avenue Syracuse, New York 13205 Telephone: (315) 492-1752

Paul D. McCollum c/o IUOE Local 463 3365 Ridge Road Ransomville, New York 14131 Telephone: (716) 434-3327

Robert J. Jones c/o IUOE Local 106 44 Hannay Lane Glenmont, New York 12077 Telephone: (518) 431-0600

EMPLOYER TRUSTEES

Rockne Burns, Chairman 33247 New York Route 12E Cape Vincent, New York 13618 Telephone: (315) 654-2373

Earl N. Hall c/o Construction Employers Association of Central New York, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-4050

James Logan c/o Construction Industry Employers Association 625 Ensminger Road Tonawanda, New York 14150-6646 Telephone: (716) 875-4744

Eugene D. Hallock, III c/o Hudson River Construction Co. Inc. Port of Albany Albany, New York 12202 Telephone: (518) 434-6677

	CUSTON	MER CLAIM	Claim Number
			Date Received
	BERNARD L. MADOFF I	VESTMENT SECURIT	TIES LLC
		iquidation	
		ER 11, 2008	
Engineers Joint Trainin 101 Intrepid Lane, P.O. Syracuse, NY 13205 Beacon Associates, Madoff Account #: 1-E Tax ID #: 16-0954711	Box 100	OFFICE: (315) HOME: (315) Taxpayer I.D. Number	nd home telephone no. 493 - 1796 1 347 - 8534 er (Social Security No.) 4711
(If incorre	ect, please change)		
NOTE:	BEFORE COMPLETING THIS THE ACCOMPANYING INSTR SHOULD BE FILED FOR EA PROTECTION AFFORDED UN RECEIVED BY THE TRUSTE RECEIVED AFTER THAT DAT SUBJECT TO DELAYED PROT LESS FAVORABLE TO THE CL CERTIFIED MAIL - RETURN R	LUCTION SHEET. A S CH ACCOUNT AND, T DER SIPA, ALL CUSTO E ON OR BEFORE N E, BUT ON OR BEFOR CESSING AND TO BEIN AIMANT. PLEASE SEN	EPARATE CLAIM FORM TO RECEIVE THE FULL DMER CLAIMS MUST BE March 4, 2009. CLAIMS RE July 2, 2009, WILL BE IG SATISFIED ON TERMS ID YOUR CLAIM FORM BY
1.	Claim for money balances as a. The Broker owes me a C b. I owe the Broker a Debit	of December 11, 2008 Credit (Cr.) Balance of	

b. I owe the Broker a Debit (Dr.) Balance of

	C.	If you wish to repay the Debit Balance,					
		please insert the amount you wish to repay and					
		attach a check payable to "Irving H. Picard, Esq.,					
		Trustee for Bernard L. Madoff Investment S			R		
		If you wish to make a payment, it must be	enclo	osed			
		with this claim form.		\$	-0	>	
	d.	If balance is zero, insert "None."			Nor	1e	
2.	T	m for securities as of December 11, 2008:					
			INI V	OUD DO	000	SSION.	
PLEASE	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	. IN Y	OUR PU	33E	551UN.	
			Y	ES		<u>NO</u>	
	•	The Broker owes me securities	\rangle	<			
•	а.				444444	Χ	
	b.	I owe the Broker securities					
	C.	if yes to either, please list below:					
				Numb	er of	Shares or	
				Face A	mour	nt of Bonds	
Date o	f			The Bro	ker	l Owe	
Transac				Owes M		the Broker	
(trade d	ate)	Name of Security		(Long))	(Short)	
<u> </u>		\$679,702.40		<u>X</u>	_	<u> </u>	
		Please refer to Beacon Associate	c.S		-	***************************************	
,		SIPC Claim; the above estimated	d		-		
	······································	amount is the claimant's Share	<i>-</i>		<u></u>		
		of the Madoff loss only.					

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>X</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	***************************************	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	Mary and the second	X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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From: 3154926618 Dentri Funds Page: 4/7/2009 12:04:21 PM

From: 4/7/2009 12:04:21 PM

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	X
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A	

if you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date FEBRUARY 24, 2009	Signature Dunner Harriga
Date	Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

RESOLUTION

WHEREAS, the Engineers Joint Training Fund is an independent functioning Taft-Hartley ERISA Training Fund; and

WHEREAS, the Engineers Joint Training Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC; and

WHEREAS, the Engineers Joint Training Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Engineers Joint Training Fund hereby authorize Daniel P. Harrigan, Fund Administrator of the Engineers Joint Training Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ENGINEERS JOINT TRAINING FUND

Dated: 2-26-69	Ву:	Thomas E. Charles, Union Trustee	
Dated: <u>2-20-0</u> 9	Ву:	Thereon Hogle, Union Trustee	
Dated: 2/20/2009	Ву:	Paul D. M. Glen. Paul B. McCollum, Union Trustee	

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Dated: 02-20-09	By:	Lynna-Word Perli
Dated: 2-20-89	By:	Lynne-Marie Perli, Union Trustee
Dated: $\frac{2/10/09}{}$	By:	Todd C. Guran, Employer Trustee
Dated: 2-20-09	By:	Eugene D. Hallock, III, Employer Trustee
Dated: $\frac{2}{3009}$	Ву:	Robert Hill, Employer Trustee
·		James Ilogan, Employer Trustee

klc/madoff/EJTFResolution

RESOLUTION

WHEREAS, the Engineers Joint Training Fund is an independent functioning Taft-Hartley ERISA Training Fund; and

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ENGINEERS JOINT TRAINING FUND

Dated: 2-25-59	Ву:	Thomas Charles
		Thomas E. Charles, Union Trustee
Dated: $2-20-09$	By:	Thereon Hogle, Union Trustee
,		Thereon Hogle, Union Trustee
Dated: 2/20/2009	By:	Paul D. M. Ellin
		Paul B. McCollum, Union Trustee

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Dated: <u>62-20-09</u>	Ву:	Lynne-Word Poli
Dated: 2-20-09	Ву:	Lynne-Marie Perli, Union Trustee
Dated: 2/20/09	Ву:	Todd C. Guran, Employer Trustee Cyclus D. Hallosto III. E. 1. T.
Dated: $2 - 20 - 09$	Ву:	Eugene D. Hallock, III, Employer Trustee Robert Hill, Employer Trustee
Dated: $\frac{2}{3009}$	Ву:	James Logan, Employer Trustee
		1 John Masico

klc/madoff/EJTFResolution

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR ENGINEERS JOINT TRAINING FUND [15-0614642]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Daniel P. Harrigan, Administrator Engineers Joint Training Fund 101 Intrepid Lane P.O. Box 100 Colvin Station Syracuse, New York 13205 Telephone: (315) 492-1796 08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 2 Customer Claims Pg 19 of 100 3154926618 Page: 12/13 Date: 4/7/2009 12:04:21 PM

RESOLUTION

WHEREAS, the Engineers Joint Training Fund is an independent functioning Taft-Hartley ERISA Training Fund; and

WHEREAS, the Engineers Joint Training Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC; and

WHEREAS, the Engineers Joint Training Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

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ENGINEERS JOINT TRAINING FUND

Dated:	2-26-89	Ву:	Thomas Chailes
			Thomas E. Charles, Union Trustee
Dated:	2-20-09	Ву:	Than H. Hof
			Thereon Hogle, Union Trustee
Dated: Z	120/2009	Ву:	Faul D. M. Ellin
			Paul B. McCollum, Union Trustee

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FRUNTERINGINEERS JUINT BENEFIT FUNDS Page: 13/13 48/2 0016 17/201 F. 013/013 F. 7-333

AFK-U1+2008 14:45

Lynna-Worce Poli Lynna-Marie Perli, Union Trustee

By.

Hallock, III, Employer Trustee

By:

Émplayer Trustee Robert Hill

By:

Employer Trustee ames Logan,

klc/madoff/EJTFResolution

ENGINEERS JOINT TRAINING FUND EIN NO. 16-0954711

UNION TRUSTEES

Thomas E. Charles c/o IUOE Local 832 P.O. Box 93310 Rochester, New York 14692 Telephone: (585) 272-9890

Theron Hogle c/o IUOE Local 545 127 East Glen Avenue Syracuse, New York 13205 Telephone: (315) 492-1752

Paul D. McCollum c/o IUOE Local 463 3365 Ridge Road Ransomville, New York 14131 Telephone: (716) 434-3327

Lynne-Marie Perli 101 Intrepid Lane P.O. Box 100 Colvin Station Syracuse, New York 13205 Telephone: (315) 492-4725

EMPLOYER TRUSTEES

Todd C. Curran c/o The Curran Company The Union Building, Suite 204 12 South Main Street P.O. Box 258 Homer, New York 13077 Telephone: (607) 749-2950

Eugene D. Hallock, III c/o Hudson River Construction Co. Inc. Port of Albany Albany, New York 12202 Telephone: (518) 434-6677

Robert Hill c/o Union Concrete & Construction Co. 105 Center Road P.O. Box 410 West Seneca, New York 14224 Telephone: (716) 822-5755

James Logan c/o Construction Industry Employers Association 625 Ensminger Road Tonawanda, New York 14150-6646 Telephone: (716) 875-4744 I.B.E.W. Local 43 and Electrical Contractors Trust Funds P O Box 2218 · Syracuse, New York 13220-2218 (315) 474-5729 · (800) 474-5744 FAX (315) 474-1588

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local No. 43 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL NO.43 PENSION FUND

Paul Kloc Fund Administrator

01	ICT		AFR		AIM
ا د ا	3 C T	1 19	*!	- L-	~ 1171

Claim	Number
Date F	Received

	BERNARD L. MA	ADOFF INVESTMENT SECURIT	IES LLC
		In Liquidation	
		DECEMBER 11, 2008	
B.E.W. Local 43 & Eension Fund O. Box 2218 Fracuse, New York 13 Eacon Associates, adoff Account #: 1-1 Eax ID #: 16-6153389	30118	OFFICE: (315)	<u>430 - 3460</u> r (Social Security No.)
(If incor	ect, please change)		
NOTE:	THE ACCOMPANYIN SHOULD BE FILED PROTECTION AFFOR RECEIVED BY THE RECEIVED AFTER TH SUBJECT TO DELAY LESS FAVORABLE TO	NG THIS CLAIM FORM, BE SURE G INSTRUCTION SHEET. A SER FOR EACH ACCOUNT AND, TO RDED UNDER SIPA, ALL CUSTON TRUSTEE ON OR BEFORE MAI HAT DATE, BUT ON OR BEFORE ED PROCESSING AND TO BEING OTHE CLAIMANT. PLEASE SEND ETURN RECEIPT REQUESTED.	PARATE CLAIM FORM PARATE CLAIM FORM PARATE CLAIMS MUST BE Sch 4, 2009. CLAIMS July 2, 2009, WILL BE SATISFIED ON TERMS
****	**************************************	**********	****
1.	a. The Broker owe	nces as of December 11, 2008; is me a Credit (Cr.) Balance of ra Debit (Dr.) Balance of	\$ \$18.91
	~ .		·

	C.	If you wish to repay the Debit Balance,					
	p lease insert the amount you wish to repay and						
		a ttach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC."					
		If you wish to make a payment, it must be	enclosed				
		with this claim form.	\$	-0-			
	d.	If balance is zero, insert "None."		lone			
2.		m for securities as of December 11, 2008:					
PLEAS	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POS	SESSION.			
			YES	NO			
	a.	The Broker owes me securities	X				
	b.	owe the Broker securities		X			
	C.	if yes to either, please list below:					
				r of Shares or ount of Bonds			
Date Trans	of action		The Broke Owes Me				
(trade	date)	Name of Security	(Long)	(Short)			
		\$4.149.761.99	X				
****	······································	Please refer to Beacon Associate	- 5	Market Market State Control of the C			
		SIPC Claim; the above estimated	-	•			
		amount is the claimant's share		**************************************			
		of the Madoff loss only.		24			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	PAGE AND ADDRESS OF THE PAGE A	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X

3

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. STION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR ONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.
	3/2/09 Signature Alla C. Towsky Signature Plk
àddress	ership of the account is shared, all must sign above. Give each owner's name, s, phone number, and extent of ownership on a signed separate sheet. If other personal account, e.g., corporate, trustee, custodian, etc., also state your canadity

and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

> Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

I.B.E.W. LOCAL UNION NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND (EIN # 16-6 153389)

UNION TRUSTEES

Kevin J. Crawford
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Dennis J. McDermott
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Donald H. Morgan
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

William C. Towsley
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

EMPLOYER TRUSTEES

Carl Hibbard, Jr.
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
c/o Patricia Electric
407 Brown Ave.
Syracuse, New York 13208
Telephone: (315) 455-7410

John S. Kogut
IBEW Local union No. 43 and
Electrical Contractors Pension Fund
c/o Kogut Electric, Inc.
1025 Erie St.
P.O. Box 1735
Utica, New York 13503-1735
Telephone: (315) 733-4655

Marilyn M. Oppedisano
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
c/o Finger Lakes NY Chapter, NECA,
Inc.
135 Cove Road, Suite 208
Liverpool, New York 13090
Telephone: (315) 451-4278

jmc\jmc\Madoff\SIPC\IBEW43PF\TrusteeContactInfoPF

RESOLUTION

WHEREAS, the International Brotherhood of Electrical Workers Local No. 43 and Electrical Contractors Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Plan Manager of the Fund and any Trustee of the Fund to sign the Customer Claim Form and arry and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

INTERNATIONAL BROTHERH OOD OF ELECTRICAL WORKERS LOC AL NO. 43 AND ELECTRICAL CONTRACTORS PENSION FUND

Dated: 2-18-09

By:

Kevin J. Crawford, Union Trustee

08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 31 of 100

Dated: 2/10/04	Ву:	Cemis Me Canel
Dated: 2/18/09	By:	Dennis J. McDermott, Union Trustee
Dated: 2/19/09	By:	Donald H. Morgan, Union Trustee
Dated: 2/20/89	By:	William C. Towsley, Union Trústee Carl Hilbard
Dated: 2/23/09	By:	Carl Hibbard, Jr., Employer Trustee
Dated: $\frac{2/28/09}{}$	By:	Jøhn S. Kogut, Employer Trustee Marilyn M Oppedisano, Employer Trustee

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL NO. 43 PENSION FUND [16-6153389]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Paul Kloc, Plan Manager IBEW Local No. 43 Pension Fund 4568 Waterhouse Road Clay, New York 13041 Telephone: (315) 474-5729



I.B.E.W. Local 43 and Electrical Contractors Trust Funds P O Box 2218 · Syracuse, New York 13220-2218 (315) 474-5729 · (800) 474-5744 FAX (315) 474-1588

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local No. 43 Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL NO.43 WELFARE FUND

Paul Kloc Fund Administrator

		CUSTOM	ER CLAIM	(Claim N	umber	
					Date Re	ceived	
	BERNARD L. I	MADOFF IN	VESTMENT SE	CURIT	ES LLC	>	
		In Li	quidation			÷	
		DECEME	3ER 11, 2008				
I.B.E.W. Local 43 & El	ectrical Contractors		Provide your c	office an	d home	telephon	e no.
Welfare Fund P.O. Box 2218			OFFICE: 13	15)-	<u> 74 - </u>	57 <u>99</u>	
Syracuse, New York 13: Beacon Associates,	220-2218		HOME: (3	315)-	t36	<u> 3460</u>	2
Madoff Account #: 1-B0118 Tax ID #: 15-6025163			Taxpayer I.D.			•	
(If incorre	ct, please change)						
NOTE:	BEFORE COMPLET THE ACCOMPANY SHOULD BE FILE PROTECTION AFFO RECEIVED BY TH RECEIVED AFTER SUBJECT TO DELA LESS FAVORABLE CERTIFIED MAIL - I	ING INSTRUD FOR EACORDED UND E TRUSTEE THAT DATE AYED PROCE	CTION SHEET. H ACCOUNT A ER SIPA, ALL ON OR BEFO , BUT ON OR B ESSING AND TO LIMANT. PLEAS	A SEI AND, TO CUSTOM DRE Ma BEFORE D BEING SE SEND	PARATE RECE MER CL Ich 4, July 2, SATISF	E CLAIM F LIVE THE AIMS MUS 2009, CL 2009, WIL FIED ON TE	FULL FULL ST BE AIMS L BE ERMS
*****	我女女女女女女女女女女女女女女女女女女女女女	**********	·女女女女女女女女女女女女女女女女	** ** ** ** ** **	文化交交		
1.	•	wes me a Cr	edit (Cr.) Balar	nce of	\$	<u>6.19</u> -0-	
	b. I owe the Brol	vala nedii (Dr.) Balance of	i .	Φ		

08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 35 of 100

	C.	If you wish to repay the Debit Balance,					
	please insert the amount you wish to repay and						
		attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed					
		with this claim form.	s -	-0-			
	,			ione			
	d.	If balance is zero, insert "None."		OTIC			
2.	Clair	m for securities as of December 11 , 2008:					
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POS	SESSION.			
			YES	NO			
	a.	The Broker owes me securities	<u> </u>				
	b.	I owe the Broker securities		X			
	C.	If yes to either, please list below:					
			–	r of Shares or			
			<u>Face Am</u>	ount of Bonds			
Date	of		The Broke	= ::			
	action	Name of Security	Owes Me (Long)	the Broker (Short)			
(trade	date)	Name of Security	(LONG)	(311011)			
		\$1,359,404,79		-			
	·	Please refer to Beacon Associate	\$				
		SIPC Claim; the above estimated					
		amount is the claimant's share					
		of the Madoff loss only.					

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	,	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A	نسيور			
	nnot compute the amount of your claim, you may file an estimated claim. In the ease indicate your claim is an estimated claim.	at			
CONVIC	IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.				
THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.					
	3/2/09 Signature Alla Clowshy Signature L				
(If owne address than a p	rship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If othe ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity.	: [

and authority. Please supply the trust agreement or other proof of auth ority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

> Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL NO. 43 WELFARE FUND [15-6025163]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Paul Kloc, Plan Manager IBEW Local No. 43 Welfare Fund 4568 Waterhouse Road Clay, New York 13041 Telephone: (315) 474-5729

RESOLUTION

WHEREAS, the International Brotherhood of Electrical Workers Local No. 43 and Electrical Contractors Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee

Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Plan Manager of the Fund and any Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

INTERNATIONAL BROTHER_HOOD OF ELECTRICAL WORKERS LO CAL NO. 43 AND ELECTRICAL CONTRACTORS WELFARE FUND

Dated: 2-18-09

By:

Kevin J. Crawford, Union Trustee

08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 42 of 100

Dated: 2/16/09	By:	Semming well
Dated: 2/18/09	Ву:	Dennis J. McDermott, Union Trustee Donald H. Morgan, Union Trustee
Dated: 2/19/09	Ву:	William C. Towsley, Union Trustee
Dated: 2 20 04	Ву:	Carl Hibbard, Jr., Employer Trustee
Dated: $2/23/09$	By:	Lob S V and Frank
Dated: $\frac{2}{28/09}$	By:	John S. Kogut, Employer Trustee Marilyn M. Oppedisano, Employer Trustee

I.B.E.W. LOCAL UNION NO. 43 AND ELECTRICAL CONTRACTORS WELFARE FUND (EIN #15-6025163)

UNION TRUSTEES

Kevin J. Crawford
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Dennis J. McDermott
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Donald H. Morgan
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

William C. Towsley
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

EMPLOYER TRUSTEES

Carl Hibbard, Jr.
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
c/o Patricia Electric
407 Brown Ave.
Syracuse, New York 13208
Telephone: (315) 455-7410

John S. Kogut
IBEW Local union No. 43 and
Electrical Contractors Welfare Fund
c/o Kogut Electric, Inc.
1025 Erie St.
P.O. Box 1735
Utica, New York 13503-1735
Telephone: (315) 733-4655

Marilyn M. Oppedisano
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
c/o Finger Lakes NY Chapter, NECA,
Inc.
135 Cove Road, Suite 208
Liverpool, New York 13090
Telephone: (315) 451-4278

jmc\jmc\Madoff\SIPC\IBEW43PF\TrusteeContactInfowf

International of Electrical



Brotherhood **W**orkers

AFFILIATED WITH

New York State AFL-CIO N.Y. State Building Trades Council Finger Lakes Building Trades Council Ithaca - Cortland Building Trades Council N.Y. State Assoc. of Electrical Workers

LOCAL UNION No. 241

0 (COL) 1073M

Phone: 607-272-2809 Fax: 607-277-5623 701 West State Street Ithaca, New York 14850

March 2, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 241 Welfare Benefits Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL 241 WELFARE BENEFITS FUND

Michael Talarski Fund Administrator

MT **Enclosures**

jmc\Madoff\SIPC\IndirectMadoffInvest\IBEW241WF/Picardltr

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u	JOI	U	M	ᆮᅐ		_М	IVI

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 241 Welfare Benefits Fund 701 W. State Street Ithaca, NY 14850-3309 Beacon Associates, Madoff Account #: 1-B0118 Tax ID #: 15-0347948

OFFICE: (607) 272-2809

Provide your office and home telephone no.

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS

RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY

CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1.	Claim for money balances as of December 11, 2008:
	a. The Broker owes me a Credit (Cr.) Balance of

\$ 4.56

b. I owe the Broker a Debit (Dr.) Balance of

\$ -0-

	C.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay and	d	
		attach a check payable to "Irving H. Picard, Es	q.,	
		Trustee for Bernard L. Madoff Investment Sect	urities LLC."	
		If you wish to make a payment, it must be end	closed	
		with this claim form.	\$ - (<u> </u>
	d.	If balance is zero, insert "None."	No	ne
2.	Clai	m for securities as of December 11, 2008:		
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE IN	YOUR POSSE	SSION.
			YES	NO
	a.	The Broker owes me securities	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	b.	I owe the Broker securities		Χ
	C.	if yes to either, please list below:		
			Number of Face Amou	f Shares or nt of Bonds
Date	e of saction		The Broker Owes Me	l Owe the Broker
	e date)	Name of Security	(Long)	(Short)
		\$1.001.666.69	X	
		Please refer to Beacon Associates		
		SIPC Claim; the above estimated		
		amount is the claimant's share		· · · · · · · · · · · · · · · · · · ·
		of the madoff loss only.		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

9.	Have you or any member of ever filed a claim under the Investor Protection Act of 1 so, give name of that broke	Securities 970? if	X
		d address of anyone assisting you in the m: See Exhibit A	·
If you can case, ple	nnot compute the amount of ease indicate your claim is ar	your claim, you may file an estimated clair n estimated claim.	n. In that
CONVIC	TION CAN RESULT IN	AL LAW TO FILE A FRAUDULENT A FINE OF NOT MORE THAN \$50, THAN FIVE YEARS OR BOTH.	
	REGOING CLAIM IS TRI IATION AND BELIEF.	UE AND ACCURATE TO THE BEST	OF MY
Date		Signature	
Date	3-2-2009	Signature Mula Mattalak	
address, than a pe	, phone number, and extent ersonal account, e.g., corpora	ed, all must sign above. Give each owner of ownership on a signed separate sheet ate, trustee, custodian, etc., also state your st agreement or other proof of authority.)	. If other

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 241 WELFARE BENEFITS FUND [15-0347948]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

James R. LaVaute, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Michael Talarski, Fund Administrator IBEW Local 241 Welfare Benefits Fund 701 West State Street Ithaca, New York 14850 Telephone: (607) 272-2809

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		I.B.E.W. LOCAL 241 WELFARE BENEFITS FUND	
Dated: 2-/9-09	By:	Mahal Walak	
		Michael W. Talarski, Union Trustee	•
Dated: 2/23/09	By:	Mery Malan	
		Stacey Black, Union Trustee	•

08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 51 of 100

Dated: 2-25-09	By:	Joseph Ruta, Union Trustee
Dated:	By:	
		Kimberly Bautista, Employer Trustee
Dated:	By:	George Denmark, Employer Trustee
Dated:	By:	Matthew Labosky, Employer Trustee

Klc/Madoff/I.B.E.W. Local 241PF/Resolution.Beacon

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W.

Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		LB.E.W. LOCAL 241 WELFARE BENEFITS FUND
Dated:	By:	:
	•	Michael W. Talarski, Union Trustee
Dated:	By:	
	•	Stacey Black, Union Trustee

FEB-23-2809 17:550 FROM: SOUTHERN TIER NECA 05/16/11 Entered 05/16/11 15:43:49 Exhibit A $^{4/4}$ Part 2 Customer Claims Pg 53 of 100

Dated:	By:	
	Joseph Ruta, Union Trustee	
Dated: 2/23/09	By: Kimberly Bautists, Employer Trustee	<i>-</i>
	Kimberly Bautista, Amployer Trustee	
Dated:	By:	
	George Denmark, Employer Trustee	
Dated:	Ву:	
	Matthew Labosky, Employer Trustee	

Klc/Madoff/I.B.E.W. Local 241PF/Resolution.Beacon

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		I.B.E.W. LOCAL 241 WELFARE BENEFITS FUND
Dated:	By:	
	-	Michael W. Talarski, Union Trustee
Dated:	By:	
	_	Stacey Black, Union Trustee

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Dated:	By:	
	-	Joseph Ruta, Union Trustee
Dated:	By:	
		Kimberly Bautista, Employer Trustee
Dated: 2-20-2009	By:	George Denmark, Employer Trustee
		George Denmark, Employer Trustee
Dated:	By:	
	•	Matthew Labosky, Employer Trustee

Klc/Madoff/I.B.E.W. Local 241PF/Resolution.Beacon

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W.

Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		I.B.E.W. LOCAL 241 WELFARE BENEFITS FUND
Dated:	Ву:	Michael W. Talarski, Union Trustee
Dated:	Ву:	Stacev Black, Union Trustee

Feb 201789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43.49865 Exhibit A . Part 2 Customer Claims Pg 57 of 100

Dated:	By:		
	•	Casey Weatherby, Union Trustee	
Dated:	By:		
		Kimberly Bautista, Employer Trustee	
Dated:	Ву:		
	•	George Denmark, Employer Trustee	
Dated:	Ву:	MODEL	
	-4-	Matthew Lahosky Employer Trustee	

Klc/Madoff/I.B.E.W. Local 241PF/Resolution.IncomePlus

IBEW LOCAL 241 WELFARE FUND EIN NO. 15-0347948

UNION TRUSTEES

EMPLOYER TRUSTEES

Joseph Ruta 701 West State Street Ithaca, New York 14850 Telephone:

Stacey Black 701 West State Street Ithaca, New York 14850 Telephone: (607) 272-2809

Michael Talarski, Chairman 701 West State Street Ithaca, New York 14850 Telephone: (607) 272-2809 Kimberly Bautista Southern Tier Chapter NECA P.O. Box 1326 Binghamton, New York 13902 Telephone:

Matthew Labosky c/o Blanding Electric 429 Commerce Road Vestal, New York 13850 Telephone:

George Denmark 3744 Dean Road Odessa, New York 14869 Telephone:

jmc\jmc\Madoff\SIPC\IndirectMadoffInvestment\IBEW241WF\TrusteeContactInfoPF



Customer Claims Pg 59 of 100

B.E.W. LOCAL #910 **BENEFIT FUNDS**

February 27, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 910 Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 910 Local Welfare Fund

In F. Fare

John F. Love Fund Manager

Enclosures

JMC/Madoff/SIPC/IndirectMadoffinvest/IBEW910Annuity/Picardltr

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Claim Number	_
Date Received	

	BERNARD L. MADOFF IN	VESTMENT SECURITIES	3 LLC
	In Li	quidation	
	DECEME	BER 11, 2008	
I.B.E.W. Local 910 We 25001 Water Street Watertown, NY 13601 Beacon Associates, Madoff Account #: 1-B Tax ID #: 16-6053626		Provide your office and horizontal Provide your office	1- 2201 32-5941 Social Security No.)
(If incorr	ect, please change)		
NOTE:	BEFORE COMPLETING THIS OF THE ACCOMPANYING INSTRUSHOULD BE FILED FOR EACH PROTECTION AFFORDED UNDER RECEIVED BY THE TRUSTED RECEIVED AFTER THAT DATE SUBJECT TO DELAYED PROCUESS FAVORABLE TO THE CLAYED MAIL - RETURN RESERVED FOR THE CLAYED FOR THE CLAY	JOTION SHEET. A SEPACH ACCOUNT AND, TO IDER SIPA, ALL CUSTOME ON OR BEFORE Marches But on or being sammant. Please send you compared to be seen and the second to be seen as the second to be second to be seen as the second to be second	RRATE CLAIM FORM RECEIVE THE FULL RECLAIMS MUST BE 4, 2009. CLAIMS UP 2, 2009, WILL BE ATISFIED ON TERMS OUR CLAIM FORM BY
1.	Claim for money balances as of a. The Broker owes me a C. b. I owe the Broker a Debit	redit (Cr.) Balance of	\$ 4.40 \$ -0-

	C.	If you wish to repay the Debit Balance,								
		please insert the amount you wish to repay a								
		attach a check payable to "Irving H. Picard, E								
		Trustee for Bernard L. Madoff Investment Se								
		If you wish to make a payment, it must be e								
		with this claim form.	\$ -	-0-						
	d.	If balance is zero, insert "None."	- - N	one						
2		m for securities as of December 11, 2008:								
2.										
PLEA	ASE DO	NOT CLAIM ANY SECURITIES YOU HAVE I	N YOUR POS	SESSION.						
			YES	NO						
			Y							
	a.	The Broker owes me securities								
	b.	I owe the Broker securities		X						
	C.	if yes to either, please list below:								
				r of Shares or						
			<u>Face Am</u>	ount of Bonds						
Dat	e of		The Broke							
Tran	saction	A. S. C. annite	Owes Me (Long)	the Broker (Short)						
(trad	e date)	Name of Security	(LONG)	(Ghort)						
		#965,892.88								
		Please refer to Beacon Associate	٤							
		SIPC Claim; the above estimated								
		amount is the claimant's share								
		of the Madoff loss only.								

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>X</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR DNMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.
Date	02-27-2009 Signature John F. Lave Signature
address than a p	ership of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other ersonal account, e.g., corporate, trustee, custodian, etc., also state your capacity nority. Please supply the trust agreement or other proof of authority.)
	whibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR IBEW LOCAL 910 WELFARE FUND EIN # 16-6053626

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

John Love, Fund Manager IBEW Local 910 Welfare Fund 25001 Water Street Watertown, New York 13601 Telephone: (315) 782-5941

RESOLUTION

WHEREAS, the I.B.E.W. Local 910 Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize John Love, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 910 WELFARE FUND

Dated: $2 - 19 - 09$	By:	C-CHS
	•	Dennis C. Affinati, Union Trustee
Dated: $2-26-09$	By:	Elizabeth F. Cassada, Union Trustee
Dated: 2-26-09	By:	Michael Rhubart, Union Trustee

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Dated: 02-25-09

By: James A Williams Employer Trustee

Dated: 02-25-09

By: (1) Ville

Leo y. Vineheuve, Employer Trustee

Dated: 02-26-09

By: Joy L. Hammond, Employer Trustee

KLC/Madoff/IBEW910WF/Misc/WFResolutionBeacon

IBEW LOCAL 910 WELFARE FUND EIN NO. 16-6053626

UNION TRUSTEES

Dennis C. Affinati c/o IBEW Local 910 AFL-CIO 25001 Water Street Watertown, New York 13601 Telephone: (315) 782-5941

Elizabeth F. Cassada 15662 US Route 11 Watertown, New York 13601 Telephone: (315) 583-5618

Michael Rhubart 6522 Snell Road Lowville, New York 13367 Telephone: (315) 376-2960

EMPLOYER TRUSTEES

James A. Williams, Chairman c/o S&L Electric Inc. 5313 State Highway 56 Colton, New York 13625 Telephone: (315) 265-7677

Leo J. Villeneuve, Secretary c/o S&L Electric Inc. 5313 State Highway 56 Colton, New York 13625 Telephone: (315) 262-2372

Gary L. Hammond c/o Collins-Hammond Electrical Contractors, Inc. Route 68 Riverside Drive P.O. Box 383 Ogdensburg, New York 13669 Telephone: (315) 334-7022

LABORERS' LOCAL 103 FUNDS

P.O. BOX 571 GENEVA, NY 14456

PENSION ◆ WELFARE ◆ ANNUITY ◆ TRAINING

PH: 315-539-4220 FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Annuity Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Annuity Fund

Carmen A. Serrett, Sr.

Fund Manager

Enclosures

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-	<i>-</i>		*!!-	- I		~	. S B	TE 3

Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no.
Laborers Local 103 Annuity Fund P.O. Box 571	OFFICE: (3/5) 539 -4220
Geneva, NY 14456-0571 Beacon Associates,	HOME: (315) 781-0633
Madoff Account #: 1-B0118 Tax ID #: 01-6214544	Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 1.63

b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

	C.	If you wish to repay the Debit Balance,					
		please insert the amount you wish to repay and					
		attach a check payable to "Irving H. Picard, Esq.,					
	ecurities LLC."						
		If you wish to make a payment, it must be enclosed					
with this claim form.			s - 0-				
	d.	If balance is zero, insert "None."		one			
2.		m for securities as of December 11, 2008:					
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POSS	SESSION.			
			YES	NO			
	_	The Broker owes me securities	X				
•	a.	The bloker owes the securities	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	b.	I owe the Broker securities		X			
	C.	if yes to either, please list below:					
			Number	of Shares or			
			Face Amo	ount of Bonds			
Date	of		The Broke	r I Owe			
Trans		No. of Constitut	Owes Me	the Broker			
(trade	date)	Name of Security	(Long)	(Short)			
		<u>*357,738.10</u>	X	Periodicon and Indiana Condition			
		Please refer to Beacon Associate	.5	***************************************			
		SIPC Claim; the above estimated	Windows a second of the second	22 March Commission Scharles of Assessment and Assessment			
•		amount is the claimant's share					
		of the Madoff loss only.					

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	N-1	<u> </u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>×</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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9.	Have you or any member ever filed a claim under the Investor Protection Act of so, give name of that broke	e Securities 1970? if	X		
		nd address of anyone assisting you in the orm: See Exhibit A			
	nnot compute the amount of ase indicate your claim is a	f your claim, you may file an estimated clain in estimated claim.	n. In that		
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.					
THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.					
Date	7-25-09	Signature Calud			
Date		Signature			
address, than a pe	phone number, and extent rsonal account, e.g., corpor	ed, all must sign above. Give each owner of ownership on a signed separate sheet, rate, trustee, custodian, etc., also state your st agreement or other proof of authority.)	. If other		
		must be completed and mailed promptly porting documentation, etc. to:	<i>t</i> ,		

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LABORERS LOCAL 103 ANNUITY FUND EIN #01-6214544

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Jr., Fund Manager Laborers' Local 103 Annuity Fund 1126 Waterloo-Geneva Road Waterloo, New York 13165 Telephone: (315) 539-4220 08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 76 of 100

RESOLUTION

WHEREAS, the Laborers Local 103 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2/20/09	By: Carmen A. Serrett, Sr., Union Trustee
Dated: 2/24/09	By: Earl N. Hall, Employer Trustee

klc/Madoff/Lab103AF/SIPC Resolution-Indirect

<u>LABORERS LOCAL 103 ANNUITY FUND</u> (EIN #01-6214544)

UNION TRUSTEES

Carmen A. Serrett, Sr. Laborers Local 103 Annuity Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall Laborers Local 103 Annuity Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-5044

LABORERS' LOCAL 103 FUNDS

P.O. BOX 571 GENEVA, NY 14456

PENSION + WELFARE + ANNUITY + TRAINING

PH: 315-539-4220 FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Welfare Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Welfare Fund

Carmen A. Serrett, Sr. Fund Manager

Enclosures



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		W 1		 	

Claim	Number
Date	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Laborers Local 103 Welfare Fund	
P.O. Box 571	
Geneva, NY 14456-0571	
Beacon Associates,	
Madoff Account #: 1-B0118	
Γax ID #· 16-0778602	

OFFICE:_	(315) 539 - 4220
HOME:	(315) 781-0433
Taxpayer 10	I.D. Number (Social Security No.) - つクフ&ムのネ

Provide your office and home telephone no.

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

	C.	If you wish to repay the Debit Balance,				
		please insert the amount you wish to repay	and			
		attach a check payable to "Irving H. Picard, Esq.,				
		Trustee for Bernard L. Madoff Investment Se				
		If you wish to make a payment, it must be a				
		with this claim form.	s -	-0-		
	d.	If balance is zero, insert "None."		lone		
_			<u></u>	U I C		
2.	Clai	m for securities as of December 11, 2008 :				
PLEASE	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POS	SESSION.		
		-	YES	NO		
	a.	The Broker owes me securities	<u> </u>			
	b.	I owe the Broker securities		X		
	c.	if yes to either, please list below:				
				of Shares or		
			Face Am	ount of Bonds		
Date of	f		The Broke			
Transac		Name of Socurity	Owes Me (Long)	the Broker (Short)		
(trade d	ate)	Name of Security	(EOIIg)	(Short)		
		\$1.430,952.41	X			
		Please refer to Beacon Assucrate	S			
		SIPC Claim; the above estimated	Solid Control of the			
		amount is the Claimant's Share	**************************************	opanismi sakanis povenyes resistan		
		of the Madoff loss only.				

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X

08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 82 of 100

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		<u> </u>
	Please list the full name and address of anyone assis preparation of this claim form: See Exhibit 2		
•	annot compute the amount of your claim, you may file an lease indicate your claim is an estimated claim.	n estimated claim	n. In that
CONVIC	A VIOLATION OF FEDERAL LAW TO FILE A CTION CAN RESULT IN A FINE OF NOT MOP CONMENT FOR NOT MORE THAN FIVE YEARS OR E	RE THAN \$50,0	
	OREGOING CLAIM IS TRUE AND ACCURATE T MATION AND BELIEF.	O THE BEST	OF MY
Date	2-25-09 Signature CCI	*	
Date	Signature		
address, than a pe	ership of the account is shared, all must sign above. (s, phone number, and extent of ownership on a signed personal account, e.g., corporate, trustee, custodian, etc. thority. Please supply the trust agreement or other processors.	separate sheet. ., also state your	If other
	xhibit B This customer claim form must be completed and r	nailed promptly	,

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

together with supporting documentation, etc. to:

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LABORERS LOCAL 103 WELFARE FUND EIN #16-0778602

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Fund Manager Laborers' Local 103 Welfare Fund 1126 Waterloo-Geneva Road Waterloo, New York 13165 Telephone: (315) 539-4220

RESOLUTION

WHEREAS, the Laborers Local 103 Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		LABORERS LOCAL 103 WELFARE FUND
Dated: 2/24/09	By:	Carut
	<u> </u>	Carmen A. Serrett, Sr., Union Trustee
Dated: 2/24/09	By:	Aug 300
	•	John F. Russo, Union Trustee
		\mathcal{A}

08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 87 of 100

By:

Dated: 2/26/09

Dated: 2/26/09

Earl N. Hall, Employer Trustee

Nicholas P. Massa, Employer Trustee

klc/Madoff/Lab103WR/SIPC Resolution-Indirect

<u>LABORERS LOCAL 103 WELFARE FUND</u> (EIN # 16-0778602)

UNION TRUSTEES

Carmen A. Serrett, Sr. Laborers Local 103 Welfare Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

John F. Russo Laborers Local 103 Welfare Fund P.O. Box 571 Geneva, New York 14456 Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall Laborers Local 103 Welfare Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-5044

Nicholas P. Massa Laborers Local 103 Welfare Fund 630 Preemption Road Geneva, New York 14456 Telephone: (315) 439-4220 08-01789-cgm Doc 4070-3 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 2 Customer Claims Pg 89 of 100

NEW YORK STATE

LINEMAN'S SAFETY TRAINING FUND

P.O. BOX 58 6518 FREMONT ROAD

EAST SYRACUSE, NEW YORK 13057

PHONE (315) 656-8386



February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees of the NYS Lineman's Safety Training Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely

Richard J. French

Safety Director

Enclosures

~1	IST	ON	FR	\Box	AIM
1.21	J 😅 !		1 Luni 2	~	J/ 1 1 2 2 1

Claim	Number
Date	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

2.0. Box 58 2.0. Box 58 2.518 Fremont Road 2.518 Syracuse, NY 13057 3.518 HOME: (315) 656-8032 3.518 HOME: (315) 646-4734	ING I in amon's Safoty Training Fund	Provide your office and home telephone no.
Sast Syracuse, NY 13057 Beacon Associates, Madoff Account #: 1-B0118 HOME: /3IS) 346 - 4934 Taxpayer I.D. Number (Social Security N	IYS Lineman's Safety Training Fund 2.O. Box 58	OFFICE: (315) 656-8022
Madoff Account #: 1-B0118 Taxpayer I.D. Number (Social Security N	East Syracuse, NY 13057	·
	Madoff Account #: 1-B0118	Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

**********	***************************************			
4	Claim for money balances as of December 11, 2008.: a. The Broker owes me a Credit (Cr.) Balance of	. \$	8.15	
		ė	-0-	
	b. I owe the Broker a Debit (Dr.) Balance of	Φ		

	c.	If you wish to repay the Debit Balance, please insert the amount you wish to repay a attach a check payable to "Irving H. Picard, Trustee for Bernard L. Madoff Investment Self you wish to make a payment, it must be ewith this claim form. If balance is zero, insert "None."	Esq., ∋curiti		ne
2.		m for securities as of December 11, 2008:			-001011
PLEASI	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YC	OUR POSSE	:5510N.
			YE	<u>s</u>	<u>NO</u>
	a.	The Broker owes me securities	<u>X</u>		
		I owe the Broker securities			X
	b.				
· ·	C.	if yes to either, please list below:			
					of Shares or unt of Bonds
Date of Transa (trade of	ction	Name of Security \$1,788,690.52		The Broker Owes Me (Long)	I Owe the Broker (Short)
		Please refer to Beacon Associat	es		
		SIPC Claim, the above estimate	d		Market Company of the
		amount is the claimant's Share	د	haran and a second	Character Street, and the Assessment of the Asse
		of the Madoff loss only.		No. 10.10.10.10.10.10.10.10.10.10.10.10.10.1	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	· magazing in the state of the	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	χ
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A	•
If you ca case, ple	annot compute the amount of your claim, you may file an estimated claim. lease indicate your claim is an estimated claim.	In that
CONVIC	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,0 CONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.	CLAIM. 00 OR
INFOR	OREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST MATION AND BELIEF. 26 FEBRUARY 2009 Signature To the BEST MATION AND BELIEF.	OF MY
Date	Signature	1
address than a p	ership of the account is shared, all must sign above. Give each owner's, phone number, and extent of ownership on a signed separate sheet. personal account, e.g., corporate, trustee, custodian, etc., also state your thority. Please supply the trust agreement or other proof of authority.)	It other
See E	xhibit B This customer claim form must be completed and mailed promptly together with supporting documentation, etc. to:	à
	Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC	

Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR NYS LINEMAN'S SAFETY TRAINING FUND EIN #16-0778849

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Richard French, Safety Director NYS Lineman's Safety Training Fund 6518 Fremont Road East Syracuse, New York 13057 Telephone: (315) 656-8022

RESOLUTION

WHEREAS, the New York State Lineman's Safety Training Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Pund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC. Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard. Esq., Truster for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Richard French.

Safety Director of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		NEW YORK STATE LINEMAN'S SAVETY TRAINING FUND
Dated: 2/23/09	By:	NOUN -
Dated: 2/23/09	By:	William Boire, Union Trustee
		Mark Lawrence, Union Trustee

Dated: 2/23/19
Dated: 2/23/29

Troutman, Employer Trustee

McMadeffMYS Linemen/SIPC Resolution - Indirect

NEW YORK STATE LINEMAN'S SAFETY TRAINING FUND (EIN #16-077849)

UNION TRUSTEES

EMPLOYER TRUSTEES

William Boire NYS Lineman's Safety Training Fund P.O. Box 277 East Syracuse, NY 13057 Telephone: (315) 656-7253

Mark Lawrence NYS Lineman's Safety Training Fund P.O. Box 277 East Syracuse, NY 13057 Telephone: (315) 656-7253 Walter Parkes NYS Lineman's Safety Training Fund c/o O'Connell Electric Company 830 Phillips Road Rochester, New York 14564 Telephone: (585) 924-2176

George Troutman NYS Lineman's Safety Training Fund c/o M.J. Electric P.O. Box 310 Shoemakersville, PA 19555 Telephone: (610) 562-9558

klc\Madoff\NYS Lineman\TrusteeContactInfo

OSWEGO CLABORERS PLOCATO 214

-Pension Fund-

23 MITCHELL ST., OSWEGO, N.Y. 13126 • (315) 343-1666



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Oswego Laborers' Local 214 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Oswego Laborers' Local 214 Pension Fund

Cynthia Castaldo Administrator

Enclosures